

**The Treatment of Extra-uterine Pregnancy After the Fifth Month.**—BECK (*Jour. Am. Med. Assn.*, September 27, 1919) has studied the records of 262 cases of ectopic gestation after the fifth month. These were observed between the years 1809–1919, and thus include the results of operation before and after the adoption of asepsis and antisepsis. It is thought essential that all these cases were carefully reported, because mortality has usually been high. When the child is viable a relatively large number survived operation, and so the life of the child cannot be disregarded. The best time for operation is during the last month, and if the patient be kept under observation there is very little added risk in delaying until the thirty-eighth week, when the child has the best opportunity for survival. Before operating preliminary preparation for the treatment of hemorrhage should be carried out. It is desirable to remove the placenta if possible, but as this is often difficult and dangerous the case must be carefully studied to determine the best method of procedure. Favorable conditions for removing the placenta are its attachment by a pedicle, which can be ligated with easy exposure of the ovarian and uterine extremities of its blood supply. There must also be easy exposure of the ovarian extremity of its blood supply of the side involved, and the operator must be able to get at the uterus from the opposite side to perform hysterectomy if necessary, thus effecting ligation of the uterine end of the placental blood supply. Before attempting to remove the placenta the vessels supplying the placental site must be ligated, and if this cannot be done the placenta must be left in the abdomen. A retained placenta will ultimately be absorbed, and so when hemorrhage and infection are absent and the placenta cannot be removed the abdomen should be closed without drainage. There is a slight danger of secondary hemorrhage and also infection from the adjacent intestines, and these complications may require a second operation. Should pus form, drainage through the vagina should be instituted. When the removal of the placenta is contra-indicated and the presence of infection requires drainage, or when hemorrhage necessitates the use of a tampon marsupialization should be practised. It is advantageous to employ the continuous use of drainage, as it lessens infection. The writer does not mention the old method of leaving the placenta in the abdomen, stitching the membrane to the edges of the abdominal wall and pack either cavity with sterile or antiseptic gauze. While this may be a somewhat clumsy method it has given good results in many cases, and is less dangerous than the attempt to remove the placenta or leave it behind.

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**Prenatal Care Propaganda.**—LARSON (*Am. Jour. Obst.*, September, 1919) publishes an account of methods of bringing prenatal work in the interest of the public and of the profession. All possible efforts should be made to disseminate accurate information by proper books, lantern slides, motion pictures, posters or panels and by suitable addresses. The interesting example is quoted of King, of New Zealand, who succeeded in securing influential friends and opened the first maternity clinic in the area of choice residence property in the capital of New Zealand.

## GYNECOLOGY

UNDER THE CHARGE OF

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**Erosive Vulvitis.**—The disease of men known as erosive and gangrenous balanitis has been recognized for several years but the same disease occurring in women as erosive and gangrenous vulvitis is not generally recognized. Three cases of this disease have come under the charge of DRISCOLL (*Arch. Derm. and Syph.*, 1920, i, 170) and he has successfully isolated the etiologic organisms in each case. The predisposing causes seem especially to be filth and prostitution, with attending frequent copulation and exposure, and unnatural sexual relations. All three of these women were inmates of a jail and all had been convicted for prostitution. The diseased genitals were extremely dirty, with a large amount of discharge from the focus as well as from the vagina, and presented ideal conditions for the growth of the specific organisms. In each instance there was extensive ulceration of the part with a slight amount of local edema. Two of the cases presented an inflammatory involvement of Bartholin's gland, while the third gave a history of such an involvement two years before. The most severe case of the three presented an almost complete destruction of the vulva. The labia and clitoris had completely sloughed away, leaving a slit-like ulcer between the legs, with the vagina and anus quite similar in appearance at their outlet, presenting a depressed area in the slit. The ulcer itself extended from the base of the clitoris anteriorly, to the tip of the coccyx posteriorly, and laterally on each side as far as the outer limits of the labia majora, which had completely sloughed off except for a short distance just posterior to the mons, where they projected backward to about the anterior margin of the vestibule. Bartholin's glands had been totally destroyed on both sides. In all the cases the inguinal lymphatics were involved, being moderately enlarged but not suppurating. Local pain and discomfort with violent itching seem to be constant factors and the disease is essentially a chronic process. In all the cases the Wassermann reaction was negative and there was no response to anti-syphilitic treatment, but in each case the characteristic spirochete and fusiform bacilli were isolated from the serum of the ulcers.

**Problem of Uterine Cancer.**—During the last few years there has been attracted to the Woman's Clinic of the University of California Hospital—in large part because of their work with radium—an ever increasing number of cases of cancer of the uterus, according to LYNCH (*California State Jour. Med.*, 1920, xviii, 47), and he feels certain that no one could study the data offered by this mass of material without